PTC/8B/06 (10-07)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10 (35 + 3		
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMA								ENTITY	OR	OTHER SMALL	
•	FOR	NUM	BER FILED	, NUMBE	ER EXTRA],	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	IQ FEE FR 1.16(a), (b); or (c))	N/A	1	. NA .		N/A			N/A	
	RCH FEE FR 1.16(k), (1), or (11	1))	N/A		N/A		. N/A .			N/A ·	
	MINATION FEE FR 1.16(0), (p), or (q))	N/A		. N/A		N/A			N/A	
	AL CLAIMS FR 1.16(1))		minus 2	0 =	•		× 25. =		OR	× 50 =	
	PENDENT CLAI FR 1.16(h))	MS	: minus () = .			x 105 =		·	× 210 =	
FEE	LICATION SIZE CFR 1.16(s))	sheets of the state of the stat	If the specification and drawings exceed 10 sheets of paper, the application size fee du is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. So								
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							185.	·		27/0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II))]	102	· .	(.	370	
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL		١	TOTAL .	L
APPLICATION AS AMENDED - PART II											4
9-8-98 (Column 1) (Column 2) (Column 3)						_	SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	14	Minus	- 20			× 25 =		OR'	х бв =	
	Independent (37 CFR 1,16(h))	2	Minus	3	= ,		x 105 =		OR	x 210 =	
	Application Size Fee (37 CFR 1.16(s))					-	105			370	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))]	16.5 TOTAL		OR ·	370 TOTAL	
	٠.			·	•		ADD'L FEE	L	OR	ADD'L FEE	
	·	(Column 1)	· · · ·	(Column 2) HIGHEST	(Column 3)	7		٠.			· · · · · ·
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA]	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	•	Minus	**	=		x 25 =.		. OR	× 50 =	
	Independent (37 OFR 1.16(h)).	•.	Minus	***	a		× 105 =		OR	× 210 =	
						-	185			370	-
لسا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())					1	100	:	OR	3 70 NA	
							TOTAL ADD'L FEE		.OR	TOTAĻ ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3":											

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3":

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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